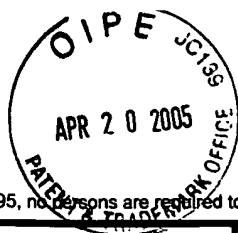


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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/711,279
Filing Date	09/07/2004
First Named Inventor	Gary Haughton
Title	MIXING APPARATUS
Art Unit	1723
Examiner Name	n/a
Attorney Docket Number	904/93177pusB

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer
Number:

006431

☐ OR
Practitioner(s) named below:

Name	Registration Number

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	April 8/05
Name	Gary Haughton	Telephone	(905) 827-2299
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ *Total of 3 forms are submitted.

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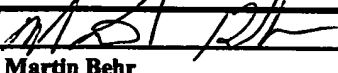
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	4/11/05
Name	Martin Behr	Telephone	205-469-4763
Title and Company			

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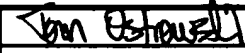
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	APRIL 5 TH , 2005
Name	Tom Ostrowski	Telephone	(416) 419-0929
Title and Company			

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